

SCANNED

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| PLAINTIFF KANYON SAYERS-ROODS, POWER OF ATTORNEY FOR ANN-MARIE SAYERS | COURT CASE NUMBER 22 03092 |
| DEFENDANT MARLENE RITA MACHADO | TYPE OF PROCESS Summons, Complaint, Exhibits |
| NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN MARLENE RITA MACHADO | |
| ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Indian Canyon Road, Indian Canyon Ranch, Hollister, CA 95024 | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW KANYON SAYERS-ROODS, POWER OF ATTORNEY FOR ANN-MARIE SAYERS OF THE COSTANOAN INDIANS OF INDIAN CANYON, 1 INDIAN CANYON ROAD, INDIAN CANYON, HOLLISTER, CA 95024 | |
| Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

PLEASE CONTACT PLAINTIFF (SAYERS-ROODS - KSR@COSTANOAN.ORG), OR CHIEF COUNSEL OF TRIBAL BAND/TRIBAL LAND AFFAIRS (PETERSON - LEGAL@COSTANOAN.ORG) BY EMAIL OR PHONE. DEFENDANT IS KNOWN TO CARRY POSSESS A GUN AND MACHETE WHILE ON INDIAN COUNTRY. PLEASE CONTACT PLAINTIFF OR AUTHORIZED AGENT OF PLAINTIFF BEFORE ENTERING INDIAN CANYON LIMITS.

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

s/ Canyon Sayers-Roods

831-531-0055EXT23

5/25/2022

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

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|--|------------------------|---------------------------------|--------------------------------|--|--|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process _____ | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized USMS Deputy or Clerk | Date |
| I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. | | | | | |
| <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) | | | | | |
| Name and title of individual served (if not shown above) | | | | Date | Time <input type="checkbox"/> am <input type="checkbox"/> pm |
| Address (complete only different than shown above) | | | | Signature of U.S. Marshal or Deputy | |

Costs shown on attached USMS Cost Sheet >>

REMARKS